

REMARKS

This Amendment, submitted in response to the Office Action dated February 5, 2004, is believed to be fully responsive to each point of rejection raised therein. Accordingly, favorable reconsideration on the merits is respectfully requested.

Preliminary Matters

As a preliminary matter, the Examiner requested that formal drawings be filed. Applicant respectfully submits that formal drawings were filed on November 14, 2003. Therefore, no further drawings are necessary.

As a further preliminary matter, Applicant respectfully requests that the Examiner respond to all of the arguments presented in the November 14, 2003 Amendment. In particular, the Examiner has not responded to Applicant's arguments regarding claim 2. In order to provide a complete application file history and to enhance the clarity of the prosecution history record, where the applicant traverses any rejection, the Examiner should take note of the applicant's argument and answer the substance of it. MPEP 707.07(f).

35 U.S.C. § 103(a) Rejection

Claims 1-26 are pending in the present application. Claims 1-26 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Teshima (U.S. Patent No. 6,272,470) in view of Sato et al (U.S. Patent No. 5,911,687). Claim 1 has been amended to further describe the relationship between the search conditions, the accompanying information and the medical image data. Applicant submits the following in traversal of the rejection.

Claim 1

Claim 1 recites "the client terminals having an ability of transmission and reception of sets of medical image data together with accompanying information regarding the sets of

medical image data via a network". The Examiner asserts that col. 7, lines 14-17 teaches this aspect of claim 1.

Column 7, lines 14-17 discloses that images produced by the diagnostic medical imaging modality 1 are transferred to the image server over the network or via an offline medium. However, there is no indication that the image data (images produced by the diagnostic medical imaging modality 1) *together with accompanying information regarding the sets of medical image data* are transmitted or received, as described in claim 1. In particular, there is no indication of information accompanying the image data. The Examiner appears to concede this point. Detailed Action, page 2, last line to page 3, line 1.

Claim 1 further recites "the image database having functions of searching for a desired one of the sets of medical image data stored therein by using the accompanying information".

Applicant has previously indicated that Teshima does not conduct a search as described in claim 1. In response to Applicant's argument, the Examiner states in the remarks section of the present Office Action, that the system of Teshima has the functional limitations of searching image data according to a desired search condition. However, the Examiner merely makes a conclusory statement and does not indicate where the search of claim 1 is disclosed in Teshima.

The Examiner previously cited column 13, lines 4-47 for teaching the search of claim 1. See February 5, 2004 Office Action, 5th paragraph. However, the respective column and lines describes file transfer protocol for data exchange. When a hospital B requests information from a hospital A, hospital B clicks on a link which contains the desired image information. An FTP based connection is established between the hospitals, and hospital B can reference image data from hospital A.

Assuming the Examiner is citing the link for teaching the information accompanying the image data which is used to perform a search, there is no indication that the link information accompanies the image data. In particular, the link information directs the system to process the image data in a predefined manner and does not accompany the image data.

The Examiner states that Applicants asserted that Teshima does not explicitly disclose that a medical image is accompanied with data information. Applicant respectfully brings to the Examiner's attention that it was the Examiner and not the Applicant, that made such an assertion. On page 4, lines 1-2 of the Office Action dated July 17, 2003, the Examiner asserts "Teshima does not explicitly disclose that the medical image is accompanied with data information".

However, the Examiner states that Teshima discloses that a patient's consultation information is a medical image, wherein each patient's consultation is associated with patient information data (col. 8, lines 50- col. 9, line 40). The consultation record is structured like a table. The table contains basic patient information such as name and address, emergency information such as allergies and side effects to medicine, and a consultation record which indicates information provided during a particular consultation. There is no indication that the patient's consultation record is a medical image.

The Examiner also states that Teshima discloses inputting the conditions which enable the program to produce into intermediate codes so as to permit the link information to be changed depending on given conditions, as further recited in claim 1. Col. 11, line 58 to col. 12, line 10 and col. 17, lines 5-32.

Column 11, line 58 to column 12, line 10 describes that if information of an examination is input, the input is performed by the examining technician. If blood pressure information is being input, then the information is input into the system by a nurse. Column 17, lines 5-32

describe that the link information can be acquired using HTTP or e-mail. The rewriting of a program from JAVA to HTML based on timing conditions is also disclosed. However, there is no indication that a desired search condition is input using a portion of the accompanying information (the accompanying information having been transmitted or received along with the medical image data).

Moreover, the Examiner states that claim 1 merely recited the use of having the functional limitation of receiving a set of medical image data transmitted from the client system by inputting a desired search condition, which is similar to Teshima. However, a functional limitation must be evaluated and considered just like any other limitation of the claim, for what is fairly conveys to a person of ordinary skill in the pertinent art in the context in which it is used. MPEP 2173.05(g).

The Examiner states that on the other hand, Sato discloses the use of inputting a desired search condition using a portion of the accompanying information from any one of the client terminals to the image database server, the image database server searches for the set of medical image data corresponding to the search condition and transmits the set of medical image data to the client terminal, citing col. 8, lines 48-56.

Column 8, lines 48-56 describe that the management center side searches for a *doctor* under the search condition of history and desire of the patient. Therefore, this search is not for *medical image data* according to accompanying information which accompanies medical image data of a patient.

Furthermore, the combination of Sato with Teshima is not obvious. The Examiner states that it would have been obvious to modify the consultation information of Teshima to incorporate the use of inputting a desired search condition using a portion of the accompanying

information as described in Sato. The Examiner reasons that such a modification would have provided Teshima with the enhanced capability of controlling the dynamics of the interaction between clients and servers, thereby increasing the efficiency of the system.

Sato teaches retrieving data from within a database using information such as a disease name as a retrieval key and obtaining information regarding past patients having the same symptoms (column 15, lines 30-55). It appears that the Examiner asserts that it would have been obvious for a person skilled in the art to retrieve data from within a database using accompanying information as a retrieval key based on the descriptions of Sato.

However, Sato merely teaches that when a doctor carries out an examination or a diagnosis on a disease, information of the past medical care (prescription, examination, operation, etc.) having the similar symptoms is displayed and referred to. The object of Sato is to refer to the similar symptoms. Therefore, in Sato, retrieval is carried out in a condition, in which the kinds of similar symptoms are unknown, and the symptoms are displayed when they exist.

On the contrary, according to an exemplary embodiment of the present invention, it is predetermined as to which image data is desired to be read out, and retrieval is carried out by locating the desired image data in a server.

Also, Sato searches for doctors available in a clinic so that the available doctor information can be provided to a patient. The patient can then select from among the doctors listed. Assuming the doctor search of Sato were combined with Teshima, a listing of doctors would be provided and not a search of medical image data of a patient. It appears that the Examiner's reasoning is merely a result of impermissible hindsight.

Therefore, claim 1 and its dependent claims should be deemed patentable. Since claims 15 and 16 recite similar elements, claims 15 and 16 and their dependent claims should be deemed patentable for the same reasons.

Claim 2

Claim 2 recites that the image database server compares a password input from any one of the client terminals with a password stored in advance, searching for the set of medical image data corresponding to the accompanying information input as the search condition from the client terminal if the passwords match up, and transmitting the set of medical image data to the client terminal.

The Examiner cites Teshima col. 13, lines 12-16 and col. 15, lines 12-25 for teaching the elements of claim 2. As previously submitted, the respective columns and lines cited by the Examiner (col. 13, lines 12-16 and col. 15, lines 12-25) describe an exchange of information between hospitals. An image server from one hospital establishes a communication connection with another hospital. A User command or a Pass command is transmitted and a file stored in one hospital can be transferred to another hospital. The Pass command is internally stored in a system of a hospital. There is no evidence in the reference that the Pass command is input by a *client terminal*. Therefore, claim 2 should be deemed patentable. Since claims 12 and 14 teach similar features, they are patentable for the same reasons.

Claim 3-6

Claims 3-6 describe that the accompanying information include items comprising a patient specification information, a date of photographing, a photographing menu, an input modality and a facility information. The Examiner asserts that Teshima col. 6, lines 60-66 teaches the elements of claims 3-6.

Column 6, lines 60-66 discloses that the image server is a computer system for managing information of medical images and comprises a recording apparatus and a communications means enabling data transfer using the network as a medium. There is no indication of a patient specification information, a date of photographing, a photographing menu, an input modality and a facility information, let alone that the *accompanying information* includes such information. Therefore, claim 3 and its dependent claims should be deemed patentable.

Claim 17

Claims 17 recites that the photographing menu comprises a photographed body information and a photographing method information. As indicated above with respect to claim 3, the Examiner has not established where the accompanying information includes a photographing menu.

The Examiner states that column 16, lines 2-8 describe that a photographing menu comprises a photographed body information and a photographed method information. Column 16, lines 2-8 describes that operators in charge of the electric clinical recording system have been previously registered. In specifying the operators, there are a wide range of methods including a method of inputting login names and passwords, a method of reading operator ID cards, a method of inputting operators fingerprints, and a method of specifying operator's faces through taking photographs thereof with cameras. This uses the method of reading operator ID cards.

The operator ID information is not accompanying information transmitted or received with medical image data. In particular, the operator ID does not pertain to medical image data of a patient. Therefore, claim 17 should be deemed patentable.

Claim 20

Claim 20 recites that the password comprises an account password which is used in order to pay a predetermined charge for storing and searching of the image data. The Examiner cites col. 8, line 48 to column 9, line 38 for teaching claim 20. The respective column and lines cited by the Examiner describes that the consultation record includes basic information, emergency information, histories of family and information of screenings. There is no indication of a password, let alone a password which is used in order to pay a charge for storing and searching of the image data. Therefore, claim 20 should be deemed patentable.

Claim 21

Claim 21 recites that the accompanying information is directly attached to the image data. The Examiner cites col. 8, line 48 to column 9, line 38 for teaching claim 21. As just indicated, col. 8, line 48 to col. 9, line 38 describes basic information, emergency information, histories of family and information of screenings in a consultation record. There is no indication that such information is directly attached to the image data. Therefore, claim 21 should be deemed patentable.

Claim 22

Claim 22 recites that the portion of the accompanying information for the search condition includes a patient specification information, and at least one of a date of photographing, a photographic menu, an input modality and a facility information. The Examiner cites col. 8, lines 48 to col. 9, line 38 for teaching claim 22.

The respective columns and lines cited by the Examiner describes the consultation record. The consultation record is not the accompanying information as initially cited by the Examiner. Therefore, claim 22 should be deemed patentable.

Claim 24

Claim 24 recites that the medical image data and the accompanying information are managed as two separate files by using a common management number. The Examiner cites col. 5, lines 35-52 and col. 8, lines 48 to col. 9, line 38 for teaching claim 24.

There is no indication of a common management number for managing the medical image data and the accompanying information as separate files in the cited column and lines. Therefore, claim 24 should be deemed patentable.

Claim 25

Claim 25 recites that after a signal of a data search processing selection is transmitted from the client terminal to the image database server, the image database server transmits a password input screen to the client terminal and displays the screen on the client terminal. The Examiner cites col. 8, line 48 to col. 9, line 38 for teaching claim 25.

The respective column and lines cited by the Examiner describes a consultation record. There is no indication of a password let alone that a password input screen is transmitted to a client terminal and displayed on the client terminal. Therefore, claim 25 should be deemed patentable.

Claim 26

Claim 26 recites that a user enters parameters in a search field in order to obtain at least one of a date of photographing, a photographing menu, an input modality and a facility information. The Examiner cites col. 8, line 48 to col. 9, line 38 for teaching claim 26.

There is no indication that a user enters parameters in a search field. Therefore, claim 26 should be deemed patentable.

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the

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Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

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CUSTOMER NUMBER

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